



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E259319**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION
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CASE #	<b>13-01698</b>
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LOCAL AGENCY CODING
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TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK	<b>BUILDING</b>
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	<b>07</b>	<b>13</b>	<b>2013</b>	<b>1310</b>	<b>31</b>								<b>0664</b>		

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
<b>OLD HARTFORD RD</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>2705</b>
MILE POST		

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
FEET		S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	<b>N: 4252483320</b>
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LAST NAME	<b>SUMMERS</b>	FIRST NAME	<b>MICHAEL</b>	MIDDLE INITIAL	<b>J</b>
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STREET NEW ADDRESS	<b>21506 66TH AVE NW</b>
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CITY	<b>STANWOOD</b>	ST	<b>WA</b>	ZIP	<b>98292</b>
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>SUMMEMJ309PA</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>10</b>	<b>01</b>	<b>1970</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>9</b>	HELMET USE	<b>9</b>	INJURY CLASS	<b>0</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>AE52705</b>	STATE	<b>AZ</b>	VIN#	<b>1FDXE4F2CDA83097</b>
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>2013</b>	MAKE	<b>FORD</b>	MODEL	<b>ECONO</b>	STYLE	<b>VN</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	<b>3Z0647995</b>	CHARGE	<b>46.52.010.2</b>
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	<b>TENDER TOUCH DOG GROOMING</b>	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	<b>2705 OLD HARTFORD ROAD</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>98258</b>
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	<b>U</b>	D.O.B. MMDDYYYY			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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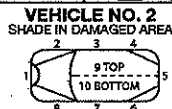
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
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<b>JOSH HOLMES</b>	<b>103</b>	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E259319**

CASE # **13-01698**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>WARHANK MIKE C</b>																	
ADDRESS & PHONE #		<b>2605 131ST DR NE LAKE STEVENS WA 98258 4253349418</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>02</b>	<b>16</b>	<b>1944</b>						
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>TUENGEL RONALD M</b>																	
ADDRESS & PHONE #		<b>2515 OLD HARTFORD DR LAKE STEVENS WA 98258 4255087021</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>06</b>	<b>28</b>	<b>1968</b>						
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

The following was reported to me by witness 1 and 2: Unit 01 was observed backing up into the listed property, colliding with the building, and then leaving the scene without stopping and providing information.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**JOSH HOLMES**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**07-26-13 05:40 PM**

DATE

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

**7/27/2013 3:49:22 AM**

BADGE OR ID # **103**

ORI # **WA0311900**

TIME POLICE DISPATCHED **1:21 PM**

TIME POLICE ARRIVED **1:42 PM**



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E259319**

CASE # **13-01698**

**COMMERCIAL MOTOR CARRIER**

INTERSTATE ☐

INTRASTATE ☐

UNIT # **1**

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES **00**

GYWR **0**

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET  
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT ☐

INSURANCE CO  
& POLICY #

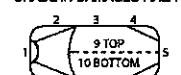
VEHICLE  
LEGALLY  
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET  
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT ☐

INSURANCE CO  
& POLICY #

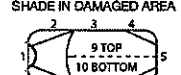
VEHICLE  
LEGALLY  
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**JOSH HOLMES**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

**07-26-13 05:40 PM**

DATED:

PLACE SIGNED

BADGE OR ID # **103**

ORI #

**WA0311900**

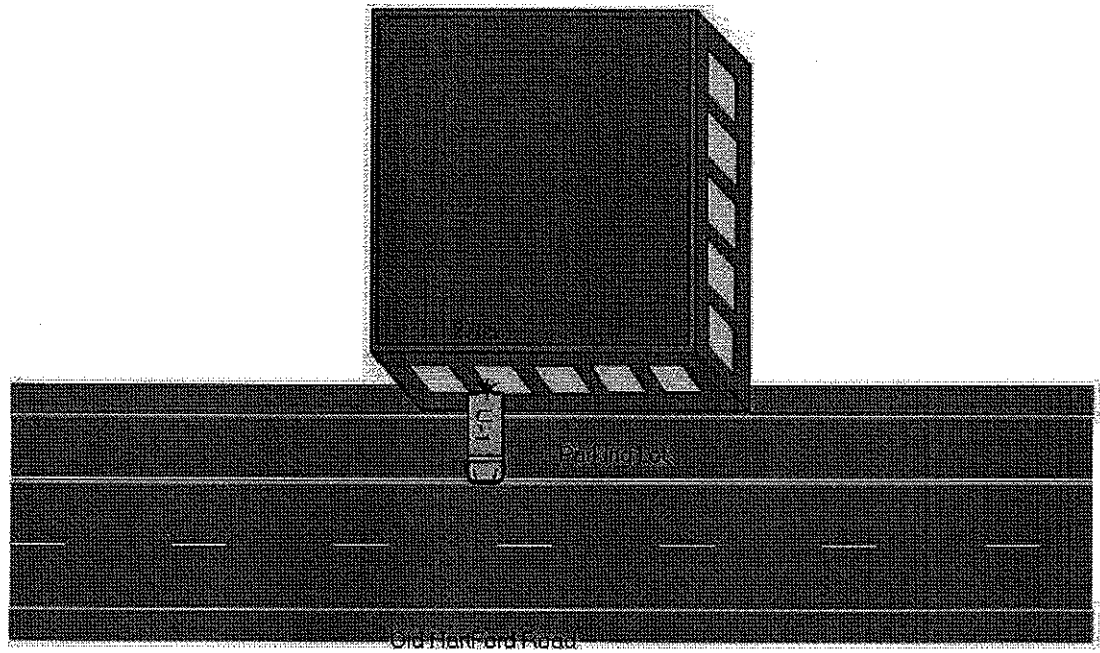
APPROVED BY  
**MINER**

DATE  
**7/27/2013**

PAGE **3**

OF **4**

Not To Scale



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

13-1698

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) WARHANK MIKE C	RACE	ETH	SEX M	DOB 2-16-44	AGE 69	HGT 6'	WGT 240	HAIR Gray	EYES Green
STREET ADDRESS 2605 131st DR NE		CITY LAKE STEVENS		STATE WA		ZIP 98256		RES. STATUS		
HOME PHONE 425-3349418		CELL PHONE 425-210-5321		PLACE OF EMPLOYMENT Retired						
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was talking to Ron when a U haul truck backed in to the next door Building. I then waved him down and told him he had hit the Building the just took off in the TRUCK Ron got the license #

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7-13-13	LOCATION SIGNED 3515 old hartford Dr
OFFICER/NUMBER: [Signature]	DATE SIGNED 7/13/13	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

13-1690

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <del>Thengel</del> <b>Thengel</b>	RACE <b>M</b>	ETH <b>M</b>	SEX <b>M</b>	DOB <b>6-28-68</b>	AGE <b>45</b>	HGT <b>6'2"</b>	WGT <b>185</b>	HAIR <b>BR</b>	EYES <b>BR</b>
STREET ADDRESS <b>2515 old Hartford DR</b>		CITY <b>LAKE STEVENS</b>		STATE <b>WA</b>		ZIP <b>98258</b>		RES. STATUS		
HOME PHONE <b>425-508-7021</b>		CELL PHONE <b>425-508-7021</b>		PLACE OF EMPLOYMENT						
WORK PHONE <b>11 11</b>		EMAIL ADDRESS								

*Ronald M. Thengel II*, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was talking with Mike outside and I seen  
 a U-Haul TRUCK BACKING UP TO a Building and  
 said Hey look Mike That TRUCK'S BACKING UP  
 TO THE Dog groomer Business, Mike Turned Around  
 just in time To see IT Run INTO THE Building  
 we then stopped THE guy IN THE STREET  
 Telling Him He HIT THE Building He Then  
 Just Drove AWAY.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <i>Ronald M. Thengel II</i>	DATE SIGNED <b>7-13-13</b>	LOCATION SIGNED <b>2515 old Hartford DR</b>
OFFICER/NUMBER <b>3185</b>	DATE SIGNED <b>7/13/13</b>	LOCATION SIGNED <b>LAKE STEVENS, WA</b>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS13015698

Case Numbers: \$\$\$13001698

Received 07/13/13 13:18:08 BY SPCT07 SP0298  
Entered 07/13/13 13:20:47 BY SPCT07 SP0298  
Dispatched 07/13/13 13:21:28 BY SPDP17 SP0174  
Enroute 07/13/13 13:21:28  
Onscene 07/13/13 13:42:44  
Closed 07/13/13 14:15:28

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 378A-5 Group: SS1 Beat: NORT

Src: 9

Loc: 2515 OLD HARTFORD RD ,LKS btwn 131 AV NE & 26 PL NE (V)

Latitude: (+) 48.025596 Longitude: (-) 122.044995

Loc Info: BLDG NEXT TO LOC

Name: WARHANK, MIKE

Addr:

Phone: 4252105321

/1320 (SP0298) ENTRY ,CC, 10 AGO, HIT & RUN TO BLDG, UHAUL BOX TRK BA  
CKED INTO BLDG L/AZ52705.A Z, LSH SB  
/1321 (SP0174) DISPER SS1934 #SS103 HOLMES, OFFICER (JOSHUA)  
/1322 (SP0298) SUPP NAM: WARHANK, MIKE,  
TXT: RENTAL TRK # TT4375E, RP SPOKE TO UHAUL REN  
TAL PLACE & EMPLOYEE TOLD RP DRIVER GOING TO BOT  
HELL, NON INJ, DAMAGE TO BLDG  
/1336 (SS103 ) \*MISC SS1934 ,SUMMERS, MILE  
/1342 REMINQ SS1934 MDTWANT, SUMMERS, MICHAEL, J, 100170,,,WA,,,,,,,,,  
...  
/1342 \*ONSCNE SS1934  
/1348 \*ASNCAS SS1934 \$\$\$13001698  
/1415 \*CLEAR SS1934 D/H  
/1415 CLOSE SS1934